

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

July 6, 2012

Ms. Jessica Jennings, Administrator Saint Albans Healthcare And Rehabilitation Center 596 Sheldon Road Saint Albans, VT 05478-8011

Provider #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on May 22, 2012. Please post this document in a prominent place in your facility.

We will follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

amlaMCHaRN

Licensing Chief

PC:ne

Enclosure



### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

PRINTED: 06/18/2012 FORM APPROVED OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - 01 BUILDING B WING 475021 05/22/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **596 SHELDON ROAD** SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER SAINT ALBANS, VT 05478 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 An unannounced on-site Life Safety Code inspection was completed by the Division of Fire Safety on 5/22/12. The following are violations of K 029 St. Albans Health and Rehab Center provides Life Safety Code requirements. this plan of correction without admitting or K 029 K 029 NFPA 101 LIFE SAFETY CODE STANDARD denying the validity or existence of the SS=D allege deficiency. The plan of correction One hour fire rated construction (with 3/4 hour is prepared and executed solely because fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 it is required by federal and state law. and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system All residents have the potential to be option is used, the areas are separated from affected by this deficient practice. other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed The laundry staff will be educated 48 inches from the bottom of the door are on the importance of assuring that permitted. 19.3.2.1 fire doors are self-closing at all times. The maintenance director and/or his designee will perform weekly inspections This STANDARD is not met as evidenced by: x 3 and then monthly inspections x 4 to Based on observation, the facility failed to assure assure that self-closing doors are not that fire doors are self-closing in one area of the propped open. facility. Findings include: Per observation on 5/22/12, accompanied by Results of these audits will be presented facility staff, the laundry room door is blocked in at COI for further evaluation and rethe open position. commendations. K 038 NFPA 101 LIFE SAFETY CODE STANDARD K 038 SS=D Corrective action will be completed by Exit access is arranged so that exits are readily accessible at all times in accordance with section July 3, 2012. 7.1. 19.2.1 KD29 POC accepted 7/5/12 Beneral Anc

deficiency statement ending with an asterisk (1) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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extinguishing system operation. Pull stations in

Event ID: YUKM21

Facil it is required by federal and state law.

is prepared and executed solely because

of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - 01 BUILDING

(X3) DATE SURVEY COMPLETED

475021

B. WING \_

05/22/2012

			03/22/2012	
NAME OF PROVIDER OR SUPPLIER  SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE	
K 051	Continued From page 2 patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 05	affected by this deficient practice.  The emergency light located at the east wing nurses station has been replaced with a new emergency light.  The maintenance director and/or his designee will perform monthly audits to ensure that all emergency lighting is working properly.  Results of these audits will be presented at CQI for further evaluation and recommendations.	
K 106 SS=D		K 05	St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.  All residents have the potential to be	

3.4.2.1.4.

transfer switch and separate power supply. The

EES is in accordance with NFPA 99, 3.4.2.2,

alarm panel.

the correct hazard zones to match

the zones labeled on the main fire

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with NFPA 70, National Electrical Code. 9.1.2

Event ID: YUKM21

Results of these audits will be presented at CQI for further evaluation and recommendations.

assure the center has Essential

Electrical System.

Corrective action will be completed by July 3, 2012.

KIDO POCaccepted 7/5/12 &Bonard Price

4 of 5

K 130 St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.

All residents have the potential to be affected by this deficient practice.

The broken lock-out box located on the bed in room W23b has been replaced with a new lock-out box.

The laundry staff will educated on the importance of keeping the windows open for proper ventilation when the dryers are in operation per the Life Safety regulation.

The maintenance director and/or his designee will perform monthly audits x 4 months to assure that beds are in proper working order, and to assure that the laundry room has proper ventilation.

Results of these audits will be presented at CQI for further evaluation and recommendations.

Corrective action will be completed by July 3, 2012.

K130 POC accepted 7/5/12 Isonaid PMC

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Event ID: YUKM21

Facility ID: 47 commendations.

Corrective action will be completed by July 3, 2012.

KI47 POCaccepted 7/5/12 Handi Ame